

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	WA		10-01-01
O.I.P.E. CLASSIFIER		675	10/21/01
FORMALITY REVIEW	ME	675	12-18-01
RESPONSE FORMALITY REVIEW	M.D.		

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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530  
10-31-01  
JG/SI  
19/18/01